



## Complete Summary

### TITLE

Stroke and transient ischaemic attack (TIA): the percentage of patients with TIA or stroke who have a record of blood pressure in the notes in the preceding 15 months.

### SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients with transient ischaemic attack (TIA) or stroke who have a record of blood pressure in the notes in the preceding 15 months.

### RATIONALE

Stroke is the third most common cause of death in the developed world. One quarter of stroke deaths occur under the age of 65. There is evidence that appropriate diagnosis and management can improve outcomes. This measure is one of eight [Stroke and Transient Ischaemic Attack \(TIA\)](#) measures.

All patients should have their blood pressure checked, and hypertension persisting for over two weeks should be treated. The British Hypertension Society Guidelines

state that optimal blood pressure treatment targets are systolic pressure less than or equal to 140 mm Hg and diastolic blood pressure (DBP) less than or equal to 85 mm Hg. The proposed audit standard is less than or equal to 150/90.

In one major overview, a long-term difference of 5-6 mm Hg in usual DBP is associated with approximately 35-40 percent less stroke over five years. (Collins et al. Lancet 1990). The PROGRESS trial demonstrated that blood pressure lowering reduces stroke risk in people with prior stroke or TIA. (PROGRESS Collaborative Group, Lancet 2001).

## **PRIMARY CLINICAL COMPONENT**

Stroke; transient ischaemic attack (TIA); blood pressure monitoring

## **DENOMINATOR DESCRIPTION**

Patients with transient ischaemic attack (TIA) or stroke

## **NUMERATOR DESCRIPTION**

Number of patients from the denominator who have a record of blood pressure in the notes in the preceding 15 months

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Unspecified

## **State of Use of the Measure**

### **STATE OF USE**

Current routine use

### **CURRENT USE**

Internal quality improvement  
National reporting  
Pay-for-performance

### Application of Measure in its Current Use

#### **CARE SETTING**

Physician Group Practices/Clinics

#### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

#### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Group Clinical Practices

#### **TARGET POPULATION AGE**

Unspecified

#### **TARGET POPULATION GENDER**

Either male or female

#### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### Characteristics of the Primary Clinical Component

#### **INCIDENCE/PREVALENCE**

Unspecified

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

See the "Rationale" field.

#### **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

### **Institute of Medicine National Healthcare Quality Report Categories**

## **IOM CARE NEED**

Living with Illness

## **IOM DOMAIN**

Effectiveness

### **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Patients with transient ischaemic attack (TIA) or stroke\*

**\*Note:** The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

- A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
- B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
- C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
- D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
- E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
- F. where a patient has not tolerated medication
- G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
- H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
- I. where an investigative service or secondary care service is unavailable

Refer to the original measure documentation for further details.

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients with transient ischaemic attack (TIA) or stroke

### **Exclusions**

See "Description of Case Finding" field for exception reporting.

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Number of patients from the denominator who have a record of blood pressure in the notes in the preceding 15 months

### **Exclusions**

Unspecified

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Fixed time period

## **DATA SOURCE**

Medical record  
Registry data

## **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

## **PRE-EXISTING INSTRUMENT USED**

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Unspecified

### STANDARD OF COMPARISON

External comparison at a point in time

Internal time comparison

Prescriptive standard

### PRESCRIPTIVE STANDARD

Payment stages: 40-90%

### EVIDENCE FOR PRESCRIPTIVE STANDARD

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

STROKE 5. The percentage of patients with TIA or stroke who have a record of blood pressure in the notes in the preceding 15 months.

### MEASURE COLLECTION

[Quality and Outcomes Framework Indicators](#)

**MEASURE SET NAME**

[Stroke and Transient Ischaemic Attack \(TIA\)](#)

**DEVELOPER**

British Medical Association  
National Health Service (NHS) Confederation

**FUNDING SOURCE(S)**

The expert panel who developed the indicators were funded by the English Department of Health.

**COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

The main indicator development group is based in the National Primary Care Research and Development Centre in the University of Manchester. They are: Professor Helen Lester, NPCRDC, MB, BCH, MD; Dr. Stephen Campbell, NPCRDC, PhD; Dr. Umesh Chauhan, NPCRDC, MB, BS, PhD.

Others involved in the development of individual indicators are: Professor Richard Hobbs, Dr. Richard McManus, Professor Jonathan Mant, Dr. Graham Martin, Professor Richard Baker, Dr. Keri Thomas, Professor Tony Kendrick, Professor Brendan Delaney, Professor Simon De Lusignan, Dr. Jonathan Graffy, Dr. Henry Smithson, Professor Sue Wilson, Professor Claire Goodman, Dr. Terry O'Neill, Dr. Philippa Matthews, Dr. Simon Griffin, Professor Eileen Kaner.

**FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None for the main indicator development group.

**ENDORSER**

National Health Service (NHS)

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2004 Apr

**REVISION DATE**

2009 Mar

**MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: British Medical Association (BMA), and NHS Employers. Quality and outcomes framework guidance for GMS contract 2008/09. London (UK): British Medical Association, National Health Service Confederation; 2008 Apr. 148 p.

## **SOURCE(S)**

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## **MEASURE AVAILABILITY**

The individual measure, "STROKE 5. The Percentage of Patients with TIA or Stroke Who Have a Record of Blood Pressure in the Notes in the Preceding 15 Months," is published in the "Quality and Outcomes Framework Guidance." This document is available from the [British Medical Association Web site](#).

## **NQMC STATUS**

This NQMC summary was completed by ECRI on December 15, 2006. The information was verified by the measure developer on April 26, 2007. This NQMC summary was updated by ECRI Institute on January 7, 2009. The information was verified by the measure developer on February 9, 2009. This NQMC summary was updated again by ECRI Institute on September 25, 2009. The information was verified by the measure developer on March 4, 2010.

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